

Project Name Burundi-HIV/AIDS
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Borrower(s) GOVERNMENT OF BURUNDI
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1. Country and Sector Background

Current organization and activities on HIV/AIDS control in Burundi. The Government of Burundi has recently formed (formal announcement expected) the National AIDS Commission (CNLS), which is under the office of the President, to lead a multisectoral effort to control HIV/AIDS in the country. Before the National AIDS Commission was formed, the National AIDS Control Program (PNLS) under the Ministry of Health was the technical and policy structure created to respond to the HIV/AIDS challenge in the country. A UNAIDS Theme Group, is also in place in the country, and has a technical arm which meets monthly and includes representatives from Government, multilateral, bilateral and NGO organizations. Role of NGOs: A number of NGOs work in Burundi on HIV/AIDS. Key areas of NGO activity in Burundi include: Information Education and Communication (IEC), HIV/AIDS counseling, psycho-social and material support, especially to orphans and widows and medical assistance to people living with HIV/AIDS and their families. An encouraging development in Burundi has been the formation of NGOs led by People Living With AIDS (PLWA). These NGOs have a critical role to play in the implementation of activities aimed at HIV/AIDS prevention and care in Burundi, and the Government of Burundi recognizes this role. Religious organizations, amongst the wider NGO community, are involved in the care, support and treatment of people affected by HIV/AIDS. The Government of Burundi is working with all these organizations in the effort to control HIV/AIDS in a multisectoral approach. Government strategic plan: In 1999, a national HIV/AIDS strategic plan for the period 1999-2003 was produced. This plan has formed the basis for the current process of producing a strategic framework to strengthen the multisectoral implementation, and mobilization of resources for, HIV/AIDS prevention, care and support in Burundi. The production of the strategic framework is being finalized and has been conducted in a participatory manner with the input of all stakeholders, including people living with HIV/AIDS, religious leaders, civil society organizations, and

donors. Care, support and monitoring servicesA number of services have been initiated to respond to the need for care and support of those infected with HIV/AIDS and to monitor the epidemic. Some of the notable services, include:the formation of a project (GIPA) to involve people living with HIV/AIDS in national and community AIDS prevention and care activities;the provision of voluntary HIV/AIDS counseling and testing services; the provision of facilities for screening blood supplies; the promotion of the use of condoms in the country;the use of anti-retroviral drugs for the management of HIV/AIDS in Burundi, which is currently limited to those people in the population (extremely few) who can afford the service;sentinel surveillance centers based in ante-natal clinics; the piloting of prevention of mother to child transmission (MTCT) of HIV;the implementation of the syndromic approach to the treatment of sexually transmitted infections;the introduction of home care for people living with HIV/AIDS;the formation of HIV/AIDS teams in line ministries and parastatal enterprises, to promote the prevention of HIV/AIDS and social support of people affected by HIV/AIDS; andthe formation of community HIV/AIDS teams to promote HIV/AIDS prevention, care and support in the community.Significant gaps in the AIDS control activities in Burundi IEC activities in the country are weak and fragmented.Effort and resources directed at the treatment of sexually transmitted infections are insufficient. Facilities and drugs for treatment of opportunistic infections are inadequate.Condom use is still low because of, among others, inadequate social marketing .Home-based (community) care for people with AIDS is poorly developed. Social support for orphans and people affected by HIV/AIDS is grossly inadequate.Voluntary Counseling and Testing (VCT) services are still scarce outside the capital city.NGOs (especially the local ones) working on HIV/AIDS are insufficiently funded and organized. HIV/AIDS activities have not yet been mainstreamed in many government ministries and enterprises. Insufficient resources are allocated to the prevention of mother to child transmission (MTCT) of HIV/AIDS. Anti-retroviral treatment of people with HIV/AIDS is limited to people who can afford the treatment and a big gap exists between those who can benefit from this type of treatment and those who can afford to pay for it. Existing HIV/AIDS prevention and care services have not been sufficiently decentralized, in order to cater for residents outside the capital city and major urban areas.The Government of Burundi has requested access to IDA resources within the framework of the Multi-Country HIV/AIDS Program (MAP) for the Africa Region approved by the Board of Directors of the World Bank Group on September 12, 2000. Burundi is eligible for MAP funding in that it has satisfied the four MAP criteria:a) Satisfactory evidence of a strategic approach to HIV/AIDS. Burundi already has a coherent national, multisectoral strategy and action plan for HIV/AIDS prevention, care and treatment that has been developed through a participatory approach;b) A high level HIV/AIDS coordinating body. Burundi has created the Burundi AIDS Commission, which is directly under the Office of the President, with broad representation of key stakeholders from all sectors, to oversee and coordinate the implementation of the National Strategic Framework;c) Government agreement to use appropriate implementation arrangements.Government has agreed to accelerate project implementation by channeling funds directly to civil society organizations, communities and decentralized sub-national levels of project implementation.d) Government agreement to use and fund multiple implementation agencies.Government has agreed within the public sector to expand HIV/AIDS activities to a broad range of ministries, departments and

parastatals, as well as to fund activities undertaken by the private sector, the civil society organizations including non-government and community-based organizations, and AIDS service providers. Government has agreed to further expand HIV/AIDS activities to community level and to support community-led HIV/AIDS initiatives.

2. Objectives

The project will support the goals of the Government of Burundi's National Strategic Framework for HIV/AIDS, which aims to reduce the spread of HIV infection in the general population of Burundi and to help local communities cope with the impact of the pandemic. The Strategic Framework for HIV/AIDS in Burundi proposes to attain these goals by financing a multi-sector response including all line ministries, civil society and the communities.

3. Rationale for Bank's Involvement

The Bank has the unique position of being able to give support to a country in more than one sector, and having identified HIV/AIDS as a development issue, is well positioned to support Burundi in a multisectoral war-like effort to control HIV/AIDS, as envisaged in the MAP approach. The IDA Africa regional HIV/AIDS line of credit, against which the present project will be drawn, gives the unique opportunity for Burundi to give a speedy and enhanced response to HIV/AIDS, which is an urgent development challenge.

4. Description

The project, under the regional Multi-Country AIDS Program for Africa, will finance HIV/AIDS activities for the period 2001-2006. It will have the following four components:1. National level HIV/AIDS initiatives2. Intermediate level HIV/AIDS initiatives3. Decentralized community-led HIV/AIDS initiatives4. Project coordination and managementThe project will scale up the existing HIV/AIDS Control Program by mainstreaming program activities into line ministries and other non-health sector agencies at national and provincial levels and by harnessing the capacity of communities, civil society organizations, including associations of people living with HIV/AIDS (PLWHA), religious organizations, Non Government Organizations (NGOs), Community based organizations, Associations, private sector organizations, traditional healers, women's organizations, youth organizations and labor unions. Activities to be supported by the project will be co-ordinated by the Burundi AIDS Commission. Implementation of the activities will be at different organizational levels including implementation by line ministries, provinces, community-led and civil society organizations, and private sector organizations. Sub-contracting by ministries and provinces will be encouraged in order to make the best use of the implementation capacity of civil society organizations and the private sector. Activities to be supported will include: a) health promotion activities targeted at behavior change to reduce the transmission of HIV; b) diagnosis, treatment, care and support to mitigate the impact of HIV/AIDS c) Operational research, surveillance, monitoring and evaluation, to strengthen national and local capacity to respond to the HIV/AIDS epidemic.Project component 1: National level HIV/AIDS initiativesUnder this component, the project will support HIV/AIDS control activities coordinated at National level and will include the HIV/AIDS activities of different line ministries or central government agencies, or contracted out to civil society organizations or the private

sector. National level civil society organizations will also be supported directly through this component. As part of the multisectoral approach to HIV/AIDS, every Government ministry, including the respective ministry's commune level representative authority, will be expected to have, as a minimum, a mechanism for HIV/AIDS IEC for its employees and an HIV/AIDS social support network. Ministries with no HIV/AIDS strategic and action plans, will be assisted by the project to draft these documents during the first year of project implementation. Each line Ministry work plan will include HIV/AIDS prevention and mitigation activities for its staff, and in particular, measures to control HIV/AIDS in the work place. Many of these activities will be contracted at national level but will be carried out at provincial or even community level. For example, diagnostic kits and pharmaceuticals will be financed under this component but will mostly benefit provincial and commune based health services. Specific sectoral Ministry HIV/AIDS activities are as follows:

- Ministry of Transport, Posts and Telecommunications
- Provision of HIV/AIDS IEC among commercial vehicle drivers, and among the employees of the Ministry.
- Promotion of the use of condoms among commercial vehicle drivers, and among the employees of the Ministry.
- Creation of HIV/AIDS social support networks for commercial vehicle drivers and for employees of the Ministry.
- Ministry of National Defense
- Training of women and men of the armed forces as agents for HIV/AIDS IEC in the armed forces, and in surrounding civilian populations, where appropriate.
- Promotion of the use of condoms among the armed forces, and the surrounding civilian populations.
- Creation of an HIV/AIDS social support network among women and men of the armed forces.
- Implementation of a targeted program for the syndromic treatment of sexually transmitted infections among the armed forces.
- Ministry of Social Development and Women's Promotion
- Promotion of HIV/AIDS IEC among women and men in the general public and among employees of the Ministry.
- Provision of support to women's HIV/AIDS social support networks and HIV/AIDS social networks of the Ministry.
- Formulation and implementation of national policies to protect women and children from HIV/AIDS.
- Promotion of the use of condoms among employees and clients of the Ministry.
- Provision of care and social support, for widows and orphans, that specifically targets those affected by HIV/AIDS.
- Promotion of the use of condoms among women and men of the general public and among employees of the Ministry.
- Advocacy to improve the social status of women in order to decrease women's social vulnerability to HIV/AIDS.
- Set up a social fund for people affected by HIV/AIDS.

Ministry of National Education

- Development and application of lessons which seek behavioral change through a teaching approach which targets both skills and knowledge and includes: negotiation, resisting peer pressure, self-esteem, communication and assertion.
- Promotion of school and student association-led HIV/AIDS initiatives in primary, secondary and tertiary education institutions.
- Monitoring and evaluation of the impact of HIV/AIDS in the education sector in collaboration with other relevant ministries.
- Integration of IEC on HIV/AIDS into the curriculum at all levels of the formal education system including teacher training colleges.
- Provision of HIV/AIDS social support networks for teachers and pupils/students at all levels of education.
- Promotion, among youths who are sexually active, the use of condoms.
- Provision of IEC on HIV/AIDS to, and promotion of the use of condoms among, employees of the Ministry.
- Ministry of Youth, Culture & Sports
- Promotion of HIV/AIDS IEC among youths who are in vocational training or are not part of the formal education system.
- Integration of HIV/AIDS education content into music, art, dance,

drama and sports activities of the ministryPromotion of HIV/AIDS IEC among employees of the Ministry.Promotion of the use of condoms among youths who are sexually active and are in vocational training or are not part of the formal education system.Promotion of the use of condoms among employees of the Ministry.Promotion of HIV/AIDS youth clubs among youths who are in vocational training or are not part of the formal education system.Creation of HIV/AIDS social support networks among employees of the Ministry. Ministry of Public HealthProvision of technical health sector related support on HIV/AIDS to the National AIDS Commission, line ministries, enterprises, communities and civil society organizations.Expansion, in collaboration with other providers, of voluntary counseling and testing services to at least 80% of communes by 2006.Improvement of national HIV/AIDS reference centers, including reference laboratories, day care centers, ambulatory care networks and centers for treatment of sexually transmitted infections.Review, dissemination and training on national protocols for the management of: HIV (including the use of anti-retroviral drugs), sexually transmitted diseases (syndromic approach), and opportunistic infections including tuberculosis. Improvement of blood supply safety and quality control and ensuring availability of the relevant diagnostic kits (HIV, hepatitis and syphilis) in the entire blood transfusion network. Ensuring the procurement, stock management and distribution of HIV/AIDS essential supplies, such as gloves, disposable materials, laboratory reagents, male and female condoms, HIV-related diagnostic kits, and pharmaceuticals (including anti-retroviral drugs).Improvement of safe handling of laboratory, medical materials and waste, in terms of policy development, implementation and training of relevant personnel.Expansion of services for the prevention of mother to child transmission of HIV.Strengthening of the HIV/AIDS surveillance system.Provision of HIV/AIDS prevention, care and support services within the Ministry of Health network of facilities.Provision of training to Ministry staff to ensure continued competency in the provision of HIV/AIDS related services.Creation of HIV/AIDS social support networks for employees of the Ministry.Promotion of the use of condoms among employees and sexually active clients of the Ministry.Ministry of Animal Husbandry and AgricultureTraining of extension workers and Ministry employees as agents for HIV/AIDS IEC in the Ministry and among clients of the Ministry.Promotion of the use of condoms among extension workers, Ministry employees and sexually active clients of the Ministry.Creation of an HIV/AIDS social support network among extension workers and other workers of the Ministry.Ministry of Environment and Land Management Promotion of the use of condoms among employees and sexually active clients of the Ministry.Provision of HIV/AIDS IEC for employees of the Ministry.Creation of HIV/AIDS social support networks for employees of the Ministry.Ministry of the Interior and Public SecurityProvision of HIV/AIDS IEC to employees, prisoners and people in detention.Promotion of the use of condoms among employees, prisoners and people in detention who are sexually active.Training of local administration leaders as agents for HIV/AIDS IEC.Creation of HIV/AIDS social support networks among employees, prisoners, and people in detention.Ministry of Justice Provision of HIV/AIDS IEC to employees of the Ministry.Review of national laws and legislation in order to identify and promote laws that protect people living with or affected by HIV/AIDS, and in particular laws regarding the property rights of widows and orphans.Promotion of the use of condoms among employees and sexually active clients of the Ministry.Creation of HIV/AIDS social support network for employees of the Ministry.Ministry of

FinancePromotion of the use of condoms among employees and sexually active clients of the Ministry.Contribution to a social fund to enable families to cope with HIV/AIDS.Provision of HIV/AIDS IEC to employees of the Ministry.Ensure appropriate budget provision to support national HIV/AIDS activities. Creation of HIV/AIDS social support network for employees of the Ministry.Ministry of Labor and Public ServiceProvision of HIV/AIDS IEC to employees of the Ministry and promotion of national work place policies which support HIV/AIDS IEC.Ensure provision by the relevant ministries and enterprises, of HIV/AIDS IEC and social support networks for their respective employees. Provision, together with the Ministries of Finance and Economic planning, national and sectoral HIV/AIDS related projection models for human resources for the public sector.Promotion of the use of condoms among employees and sexually active clients of the Ministry.Strengthening the capacity of HIV/AIDS teams within ministries and enterprises.Creation of HIV/AIDS social support networks for employees of the Ministry.Ministry of CommunicationDesign and dissemination, in collaboration with the technical ministries, of materials for mass HIV/AIDS IEC.Provision of HIV/AIDS IEC to employees of the Ministry. Creation of HIV/AIDS social support networks for employees of the Ministry.Promotion of the use of condoms among employees and sexually active clients of the Ministry.Ministry of External Relations and CooperationPromotion of the use of condoms among employees of the Ministry.International advocacy and mobilization of HIV/AIDS related resources from external partners.Provision of HIV/AIDS IEC to employees of the Ministry.Creation of HIV/AIDS social support networks for employees of the Ministry.Ministry of the Peace ProcessProvision of HIV/AIDS IEC to employees of the Ministry.Creation of HIV/AIDS social support networks for employees of the Ministry.Promotion of the use of condoms among employees and sexually active clients of the Ministry.Ministry of Human rights and Institutional relationsMainstreaming the rights of people infected with HIV/AIDS into Ministry functions.Provision of HIV/AIDS IEC to employees of the Ministry.Creation of HIV/AIDS social support network for employees of the Ministry. Promotion of the use of condoms among employees and sexually active clients of the Ministry.Advocacy for the rights of orphans and widows.Lobbying members of parliament and cabinet ministers to act as public advocates for HIV/AIDS control in the community.Ministry of Energy and MinesProvision of HIV/AIDS IEC to employees of the Ministry.Promotion of the use of condoms among employees and sexually active clients of the Ministry.Creation of HIV/AIDS social support network for employees of the Ministry.Ministry of Public Works and EquipmentProvision of HIV/AIDS IEC to employees of the Ministry.Promotion of the use of condoms among employees and sexually active clients of the Ministry.Creation of HIV/AIDS social support network for employees of the Ministry.Ministry of Economic Planning and ReconstructionProvision of national and sectoral HIV/AIDS related projection models for national human resource and economic development planning.Promotion of the use of condoms among employees and sexually active clients of the Ministry.Provision of HIV/AIDS IEC to employees of the Ministry.Creation of HIV/AIDS social support network for employees of the Ministry.Provision of cost models to determine the cost of HIV/AIDS related interventions.Ministry of Commerce, Industry and TourismReview of trade and commercial regulations to encourage greater availability of drugs and supplies for HIV/AIDS care, including the supply of condoms.Provision of HIV/AIDS IEC to employees of the Ministry.Promotion of the use of condoms among employees and sexually active patrons of the Ministry.Creation of HIV/AIDS social support network

for employees of the Ministry. Ensuring availability of condoms in public places of entertainment. Ministry of Community Development and Handicrafts Mainstreaming HIV/AIDS activities into the community support activities of the Ministry. Provision of HIV/AIDS IEC to employees of the Ministry and artisans. Promotion of the use of condoms among employees and sexually active clients of the Ministry. Creation of HIV/AIDS social support network for employees of the Ministry. Promotion of the production of HIV/AIDS IEC materials by artisans. Ministry of Reinsertion and Rehabilitation of Displaced and Repatriated People. Promotion of the use of condoms among employees and sexually active clients of the Ministry. Creation of an HIV/AIDS social support network for displaced and repatriated people.

Provision of HIV/AIDS IEC to employees and clients of the Ministry. Creation of HIV/AIDS social support networks for employees of the Ministry. Ensuring provision of voluntary counseling and testing HIV/AIDS services for displaced and repatriated people. Creation of a social support network for women and children who are displaced or repatriated.

Project component 2: Intermediate level HIV/AIDS initiatives

Under this component, the project will support activities which are directly carried out by Provincial authorities, or are contracted out to civil society organizations or to the private sector, including activities to:

- i. raise awareness of Provincial leadership, teachers, school management teams and community leaders;
- ii. train and support Provincial and community-based staff and leaders, including teachers, home-care givers and counselors, traditional healers and traditional birth attendants, and rural extension workers;
- iii. provide HIV/AIDS related health promotion and prevention services at all Provincial hospitals and clinics;
- iv. provide HIV/AIDS related diagnosis, treatment and care at Provincial hospitals;
- v. promote community-led and civil society-led HIV/AIDS initiatives and manage the respective selection, contracting, financing and supervision;
- vi. provide HIV-related information, education and communication and condom distribution to the Provincial workforce;
- vii. support Provincial HIV/AIDS teams in prevention care and support activities;
- viii. ensure the provision of voluntary counseling and testing services at the provincial level; and
- ix. ensure the provision of services for the syndromic treatment of sexually transmitted diseases at provincial level.

Many of the activities financed under this component will directly support activities carried out at community level, i.e. advocacy, training, promotion of community led HIV/AIDS Initiatives.

Component 3: Decentralized community-led HIV/AIDS initiatives

Under this component, the project will support community-led HIV control activities directly carried out, or contracted out, by community-based organizations, such as:

- a) targeted support to orphans, guardians of poor orphans and AIDS stricken impoverished households, including those headed by females, children and elderly due to death of spouse, parent or guardian. In addition, pre-school, in-school and out-of-school orphans will be supported to attend day care centers, formal schooling and vocational training;
- b) support to families affected by HIV/AIDS including the support of revenue generating activities;
- c) community-based information, education and communication (IEC);
- d) home-based care;
- e) promotion of the use of condoms at community level;
- f) support of community based HIV/AIDS networks in prevention, care and support activities;
- g) capacity building for local communities to respond to HIV/AIDS in the communities.

The project operational manual will include a full menu of eligible sub projects, a list of subprojects and activities which will not be financed under the project, as well as a description of how to get technical assistance to

develop a sub-project, how to apply for a subsidy, how sub-projects will be selected and approved, how funds will be transferred, and how a sample of sub projects will be supervised, audited and evaluated.Component 4: Project coordination and managementThe activities of the National AIDS Commission which, among others, will include co-ordination, monitoring and evaluation of project activities, will be financed under this component. The functions of the secretariat of the Commission, and in particular those of its component project coordination team (PCT) will specifically be funded under this component. The Secretariat of the commission and the PCT will be lean structures, with the implementation of most project activities being done by the respective ministries, civil society organizations, provinces and communities.The main responsibilities of the PCT will be coordination, liaison, supervision, monitoring, evaluation and support to the longer term national planning and policy support for HIV/AIDS activites. In addition, it will oversee the financial management and procurement functions of the project. The PCT will, where necessary, sub-contract some of its technical functions to contractors, in order to increase its efficiency. The PCT will prepare for the Secretariat of the AIDS Commission, documents relating to annual budgets, progress/performance of the project. These reports will be based on approved annual work plans and budgets prepared by the various project implementing agencies, including line ministries, provinces, civil society organizations and communities.

1. National level HIV/AIDS initiatives
2. Intermediate level HIV/AIDS initiatives
3. Decentralized community-led HIV/AIDS initiatives
4. Project coordination and management

5. Financing

Total (US\$m)

Total Project Cost 44.55

6. Implementation

Institutional arrangementsThe Burundi National AIDS Commission (CNLS) and its Secretariat, which is under the Office of the President, will coordinate the overall National HIV/AIDS program and project activities. The Burundi National AIDS Commission will not play an implementing role. A Project Coordinator, who will report to the Executive Secretary of the Secretariat of the Commission, will lead a Project Coordination Team (PCT), which will support work generated by project-related management, monitoring and evaluation. A Project Steering Committee will be established as an advisory board and include representatives from key sectors and institutions, as well as representatives from key civil society organizations, including those which represent people living with HIV/AIDS. The project coordinator will be the Secretary of the Project Steering Committee. Line ministries will implement their respective HIV/AIDS plans and report regularly to the Burundi AIDS Commission on agreed input and output indicators. In all the line ministries, the respective Minister will have overall responsibility for implementation of the sector HIV/AIDS workplan.Provinces will be at the forefront of project implementation. Provincial HIV/AIDS work plans will reflect various sector activities to be implemented at Provincial level. Line ministries will provide the relevant guidelines, coordination, training, monitoring and evaluation, and resource mobilization in line with existing working arrangements with the provinces. A formal contract with agreed input and

output indicators will guide the relationships between the provinces and the PCT. Each Province will establish a Provincial HIV/AIDS Committee, composed of heads of department and relevant civil society organizations. Civil society organizations (including, non-governmental organizations, religious organizations, farmers' associations, unions, student associations and private enterprises) will be contracted to implement project activities. Provincial budgets will include funds earmarked for sub-projects by civil society and private sector organizations. The project will coordinate with other IDA funded projects and with other HIV/AIDS related projects financed by other bilateral and multilateral organizations. At National level, coordination will be achieved through the Burundi AIDS Commission. At Provincial Level, coordination will be achieved through the Provincial HIV/AIDS Committee.

Project implementation

The project will finance a series of HIV/AIDS plans presented by line ministries and Provinces, as well as a large number of Community-led HIV/AIDS Initiatives. Planned activities, for the first year of project implementation, will be integrated into the Project Implementation Plan (PIP). The project will be implemented in an incremental manner, starting with those ministries and provinces which already have HIV/AIDS workplans. With time project coverage will be scaled up and expanded to more sectors, as the project assists ministries and provinces in strengthening their implementing capacity. Line ministries and provinces will present annually, HIV/AIDS plans for the following fiscal year. The Burundi AIDS Commission, through the PCT, will coordinate these plans and, when needed, will provide assistance to improve programs and eliminate duplications. Communities will organize themselves for the purpose of presenting proposals for Community-led HIV/AIDS Initiatives. In each Province, a lead civil society organization will promote community led HIV/AIDS initiatives on behalf of the project. Community beneficiaries, i.e. rural or urban community residents, and community-based organizations, will be eligible to present community-led HIV/AIDS initiatives. Each initiative will be coordinated by a sub-project Development Committee. The sub-project Development Committee may contract an Implementing Partner to assist in community organization, sub-project preparation and processing and counseling. The cost of such assistance will be reimbursable, up to a maximum of 10 percent of total sub-project cost. There will be a list of "standard sub-projects" for which review, approval and financing will be streamlined and almost automatic, and a list of activities which will not be financed under the component. Communities may present non standard subproject proposals. If one particular type of non-standard proposal is frequently submitted, it will become part of the standard list. Civil society organizations and private organizations may present HIV/AIDS initiatives to the Burundi National AIDS Commission/PCT, to the relevant line ministries or the Provincial Project co-ordinators. If relevant, they will be incorporated into the respective workplans and budgets. The Project Operational Manual (POM) will describe in detail the project's institutional and implementation arrangements.

Project monitoring, supervision and evaluation: Project monitoring and evaluation will be based on a broad range of measures, including impact indicators and more intermediate process and output measures to capture project performance in the more immediate term. Project impact will be measured employing data from the HIV sentinel surveillance, baseline and end-point population-based surveys on knowledge, attitudes, practices and behavior. Service utilization and special studies commissioned to assess impact in specific areas not easily addressed by

population-based surveys will also be used. Monitoring of the project will be carried out using project-based data, beneficiary inputs and program reviews. The Burundi AIDS Commission/PCT will monitor overall project implementation, assessing the performance of project implementation as well as the effectiveness and efficiency of implementation at national, Provincial, and community levels. Line ministries will also monitor Provincial implementation within their respective mandates. The activities of civil society organizations and community based organizations will be monitored based on their contract performance. The Burundi AIDS Commission/PCT will supervise overall project implementation and meet regularly with the Project Steering Committee to discuss progress under each implementing agency. Staff from the line ministries and project coordination team will make regular visits to the field to monitor the performance of Provinces and civil society organizations. Province Technical Planning Committees, representing each sector and incorporating community-based and civil society organization representation, will supervise project activities at Provincial and community levels. The Burundi AIDS Commission/PCT will organize annual project reviews, a mid-term program review and project completion review to assess the performance of the project, its components and its contribution to the national effort to reduce the spread and impact of HIV/AIDS. Project reviews will be carried out jointly by the Burundi AIDS Commission/PCT and an independent team of experts under previously defined terms of reference. Project review will culminate in stakeholder meetings that will form a basis for re-planning for the next two years. Burundi AIDS Commission and IDA will organize a joint project launch workshop within one month after project effectiveness. One of the main purposes of the workshop will be to make further progress on project monitoring and reporting requirements. During the project mid-term review, various indicators will be used to assess project performance and needs for fund reallocation. Procurement procedures The Burundi AIDS Commission, line ministries and Provinces will procure works, goods and services in relation to the respective activities, in accordance with the Bank's Guidelines: Procurement under IBRD Loans and IDA Credits (January 1995 and revised in January and August 1996, September 1997, and January 1999), in particular Section 3.15, Community Participation in Procurement. Consulting services by firms, organizations, or individuals financed by IDA will be contracted in accordance with the Bank's Guidelines: Selection and Employment of Consultants by World Bank Borrowers (January 1997, revised in September 1997 and January 1999). The Government will contract one or more procurement agents to carry out the procurement of large items, such as condoms, diagnostic kits and pharmaceuticals for the diagnosis and clinical management of HIV/AIDS, sexually transmitted infections and opportunistic infections, including tuberculosis. The implementing agencies will ensure adequate procurement capacity is established as per the government procurement reforms to carry out procurement within the respective agencies. Communities will use the Bank's simplified Procurement and Disbursement Procedures for Community-Based Investments to procure goods or services needed to implement their respective community initiatives. Since each Community led initiative is expected to cost less than US\$ 30,000, 'local shopping' will be a standard procurement method. To facilitate speedy import of items valued at less than US\$100,000 equivalent required urgently for diagnosis/treatment and institutional strengthening, contracts may be made based on international shopping and national shopping procedures, respectively, or through

procurement from the United Nations. Given the urgency of the project, a wide-ranging General Procurement Notice for the first year of operations will be placed on the United Nations Development Business web site without a need for hard-copy publication. The Borrower will prepare a procurement plan for the first year of project operations to be included in the Project Operational Manual and subsequently annual procurement plans. Procurement performance (including sub-project procurement activities) will be assessed on an annual basis (in the form of procurement/physical audits by an external agency). In addition to the formal annual audits, ad-hoc procurement reviews will be conducted periodically. Financial management The project will have a viable financial management and accounting system, including a comprehensive Manual of Financial Procedures, Chart of Accounts and fully integrated project financial and accounting system, using appropriate accounting software. The Project Coordination Team (PCT) will include a financial manager and controller and will put in place an appropriate financial and accounting system for the project. Similar institutional strengthening measures will be taken with regard to capacity in line ministries and Provinces where such intervention is needed. Capacity building in financial management in communities will be supported through the collaborating civil society organizations and community based organizations. A special account will be opened and maintained in a reputable commercial bank. A project account will be opened in local currency in the same commercial bank. Sub-project accounts will be opened for different implementing agencies. After approval of annual plans and budgets, the PCT will facilitate the transfer of funds to the various implementing agencies. Disbursements of the project proceeds will initially assume the traditional mechanisms for IDA assisted projects. However, the project will be expected to convert to Project Management Report-based disbursements mechanism under the Financial Management Initiative framework in a period not exceeding 18 months. The project will mainly use Statement of Expenditures (SOE) through the special account to access credit funds, while direct payments and special commitments will be used for bulk procurement of goods and services. All disbursements against expenditures for contracts with civil society organizations and the private sector will be made against SOEs and be subject to random ex-post financial, physical, and technical review by IDA missions and be audited by financial and technical consultants employed by the Burundi AIDS Commission. All procurement contracts not subject to IDA prior review will be disbursed against SOEs and documentation will be retained by the PCT and made available for review by IDA and the project auditor. In the case of Community-led HIV/AIDS initiatives, there will be pre-financing of expenditures, as communities are unlikely to start contracting without the assurance of funds. All disbursements against expenditures under the community initiatives will be subject to ex post review by IDA missions and the project auditor, on a sample basis. The project will be audited by independent auditors acceptable to IDA. Each implementing agency will submit quarterly financial reports to Burundi AIDS Commission. The PCT will consolidate all project financial reports submitted by the implementing agencies and prepare the project financial statements for auditing purposes. Audited project financial statements and report thereon, inclusive of an auditor's opinion on the use of statement of expenditures will be submitted to IDA within six months following the end of the financial year.

7. Sustainability

The project is expected to be sustainable in the medium term because it is built upon strong government ownership and supports the expansion of HIV/AIDS activities that involve communities, civil society organizations and in particular, organizations of people living with HIV/AIDS. The project will scale up existing HIV/AIDS activites by mainstreaming activities into all government sectors and civil society, and by tapping into community organization resources. The project emphasizes institutional capacity building at national and local level which would further enhance the sustainability of the project and its local sub-projects. As far as financial sustainability is concerned, it is unlikely that the Government will be able to fully finance the program in the mid-term. It is realistic to expect that bilateral and multilateral development agencies will continue to finance HIV/AIDS activites in the country beyond the period of project implementation. The overall project risk is estimated to be moderate because there is good Government and civil society ownership, and because the AIDS Commission will benefit from the experience of several Commission members who have already been involved in HIV/AIDS activities in Burundi. There is however a substantial risk that the project will not be able to significantly scale up operations because some line ministries and a number of local governments have little experience with multi-sectoral initiatives and no experience in HIV/AIDS control. In addition, the project will have to set up a new system to channel funds to community-led initiatives, given that Burundi does not yet have an established social fund system. To reduce this risk, project supervision will be much more intensive than it would otherwise be, and when necessary, it will include substantial technical assistance. To minimize risk and ensure the success in implementation of this project, IDA will have to:a) provide adequate resources for supervision which may be above the standard supervision coefficientsb) conduct supervisions with teams that have specialists from various sectors and in particular, have specialists in key areas such as financial management, procurement, monitoring and evaluation; andc) collaborate closely with internal/external partners and stakeholders.

8. Lessons learned from past operations in the country/sector

International experience on HIV/AIDS, and especially regional experience from countries like Uganda and Senegal, ongoing HIV/AIDS control efforts in Burundi, and the experience of the initial Bank projects that have been approved under MAP, have been reflected in the project design. Key lessons learned from all this experience are outlined below.

Political leadership and commitment: International experience has taught the world that political leadership and commitment is a key issue in mobilizing national and donor resources for the fight against the HIV/AIDS epidemic. The Government of Burundi has indicated its firm commitment to the fight against HIV/AIDS. The people of Burundi are among the hardest hit by the epidemic, and the political as well as the economic imperatives for faster growth will not be realized if the HIV/AIDS situation does not improve.

Effective action requires national leadership and political commitment at the highest levels. The successful examples of control of the HIV epidemic in countries like Senegal and Uganda arose because of the political leadership driven by good epidemiological data, effective programs and a vibrant activist civil society participation. In the Burundi situation, there is unanimity among the leadership, on the need to tackle the epidemic effectively. Vulnerability factors are key drivers of the epidemic: The HIV/AIDS epidemic is driven by underlying vulnerability

factors among populations. The combination of poverty, gender disparities and information asymmetry provide very fertile soil on which the sown seed of HIV can rapidly grow and blossom. Therefore, any attempt at controlling the epidemic will have to address the vulnerability factors. This project will among others, focus on the vulnerable groups, including the youth, orphans, women and widowers in prevention and impact mitigation efforts. Community participation as a process of empowerment. The communities affected by the HIV/AIDS epidemic find themselves facing multifaceted challenges, and with very thin resources and capacity to respond. In addition, short term focused strategies may not meet the need for long term rehabilitation and healing in those communities. Community participation engages the people in a partnership to fight the epidemic. With external resources and the building of local capacity, the communities will be more empowered in their response to HIV/AIDS. Such a response is also more likely to be sustainable in the long term. This project will have a specific component on community-led HIV/AIDS initiatives. Multisectoral approach: It has been widely recognized that the HIV/AIDS epidemic extends far and beyond the narrowly defined health sector. The multi-dimensional nature of the epidemic and its impacts warrant a change in paradigm from a biomedical to a development one. In this context, the multi-sectoral approach in HIV prevention, care and mitigation offer best chances of success. This project will involve the active participation of all line ministries. The use of indigenous knowledge and practices: Indigenous knowledge and practices could also be complementary in the efforts to fight HIV/AIDS. In Mozambique, the involvement of traditional knowledge workers (healers) in awareness creation in a psychologically and socially sensitive area like sexuality had higher impact at lower cost. In Tanzania, the integration of local healers in AIDS prevention and mitigation strategies increased the effectiveness of the approach and access for poorer families. Along similar lines, the Bank is currently piloting the use of traditional channels of communication ("griot" network) to deliver culturally congruent messages in prevention of HIV/AIDS in West Africa. Local practices of looking after HIV/AIDS orphans in the community among foster parents, grandparents, or other relatives, have also been used successfully in Uganda, Zimbabwe, Kenya, Malawi and Zambia to cater for orphans without separating them from their communities. In this regard, this project will encourage access to and use of appropriate indigenous knowledge and practices that have been shown to work in the fight against HIV/AIDS.

9. Program of Targeted Intervention (PTI) Y

10. Environment Aspects (including any public consultation)

Issues : The project is not expected to generate any adverse environmental effects. Possible environmental risks include inappropriate handling and disposal of medical waste and inadequate management of the respective disposal sites in urban or peri-urban areas, where domestic and medical waste may be mixed and where scavenging is a livelihood. The project will finance training of health care professionals, traditional birth attendants/traditional healers, and community workers delivering care to HIV/AIDS patients. This training will include instruction on appropriate separation, transport and disposal of hazardous medical waste. The project will finance the revision, where necessary, of existing health sector guidelines on appropriate management of medical waste at medical

facilities and at disposal sites to include the relevant sections regarding HIV/AIDS.

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Note: This is information on an evolving project. Certain components may not be necessarily included in the final project.

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